

ACADEMIC APPROVALS AND TRANSFER EQUIVALENCIES

The procedure outlined in Part One is designed to make certain that the courses you take abroad will count towards your degree.

Step One: Obtain course descriptions for all of the courses you are considering completing abroad.

Step Two: Take those descriptions and meet with your academic advisor. You should review with your advisor your study abroad program and the courses you plan to take abroad. Please have your advisor sign below to certify that you met with her/him.

REQUIRED SIGNATURE

I have reviewed the plans of this student and am satisfied that she/he understands the requirement of his/her degree program at Ferris State University, and how study-abroad will impact their program.

Signature of Academic Advisor _____ Date _____

Step Three: You must speak with all department heads from whose departmental courses you may want credit, describing for them your study abroad program and the courses that you may take abroad. Ask the appropriate department head to record on this form the FSU course they believe would be equivalent to the overseas course. Listing a course on this form does not commit you to taking it. It is to your advantage to secure pre-approval for all courses which you are considering. This can be done using the Academic Advising Agreement in available in the Office of International Education.

Please submit the Advising Agreement to your college for department approval.

***The student is responsible for providing an official transcript, record of attendance, or official document from the study-abroad program to the Office of International Education. The Office of International Education will forward the document to the Registrar's Office in order for the student to receive academic credit.**

HEALTH MATTERS

Step One: Emergency Contacts

Please provide contact information for two individuals in the event you are involved in an emergency situation while you are participating in your study-abroad program. This information is confidential and will only be used in an emergency situation.

Person to Contact in Case of an Emergency	Name	Relationship
Address & Phone	Number and Street	Phone Numbers Day () Evening ()
	City	State Zip Code
	Person to Contact in Case of an Emergency	Name
Address & Phone	Number and Street	Phone Numbers Day () Evening ()
	City	State Zip Code

Step Two: Health Insurance

FSU requires that all participants of study-abroad programs be insured while abroad. Of particular importance is coverage for medical expenses relating to sickness, injury, medical evacuation, and repatriation. FSU requires you to certify the coverage stated on this form, but does not undertake to verify existence or extent of coverage under your insurance policy. You remain solely responsible for obtaining adequate insurance coverage and maintaining it in force during the entire duration of your period abroad.

Check your policy to ensure that:

1. The coverage extends to your location(s) abroad.
2. You are within the age limit for the entire duration of your time abroad.
3. The coverage extends for the entire period of the program and your time abroad.
4. The coverage includes medical expenses related to sickness, injury, medical evacuation, and repatriation.

Other questions you should be able to answer:

5. Is prior authorization from a primary care physician required before any services can be rendered?
6. Does it include medical evacuation back to a student's home, or to a health care delivery site abroad?
7. What exclusions are there for medical evacuation?
8. Consider pre-existing conditions—how are they determined and by whom? What is excluded?
9. What is the claim process? Are payments made directly to the hospital and/or physician abroad, or do they require the student to pay and then file for reimbursement? If the latter is true, you must retain all receipts for payment for medical treatment. You should request an itemized bill in English, if possible, in the event there is a dispute over the reimbursement. Without the receipt, and possibly the bill, you may not be able to collect on the claim.

The name of my insurance company is:

I certify that my insurance policy meets criteria 1-4, and that this certification of coverage provided to the Office of International Education is true and accurate.

Signature of Participant

Date

Please note that Ferris also has a policy that can be purchased on a weekly basis.

YOUR HEALTH AND STUDY ABROAD

The following information was designed in order for you to consider your personal health situation and lifestyle. Most of the following information was taken from the brochure, *“Health Check For Study, Work, and Travel Abroad”* by Council Travel, (Council on International Educational Exchange).

Health Check asks you to “take a closer look at the many factors that contribute to your physical and emotional well-being. A trip abroad will almost certainly affect your health, because so many factors of your daily health have to do with lifestyle and environment. Conversely, the state of your health will have a significant impact on the success and the enjoyability of your trip. With proper planning, travel can be a happy and health-promoting experience.”

Assess your health and your health-related practices. “Going abroad is not a magic “geographic cure” for concerns and problems at home. Both physical and emotional health issues will follow you wherever you go. In particular, if you are concerned about your use of

alcohol and other controlled drugs, or if you have an emotional health concern, you should address it honestly before making plans to travel. Contrary to many people's expectations, travel does not minimize these problems: in fact, it often exacerbates them to a crisis state while you are away from home."

Identify your health needs. "Be clear about your health needs when applying for a program and when making housing arrangements. Describe allergies, disabilities, psychological treatments, dietary requirements, and medical needs so that adequate arrangements can be made. Resources and services for people with disabilities vary widely by country and region; if you have a disability or special need, identify it and understand ahead of time exactly what accommodations can and will be made."

See your health practitioners. "A visit to your family physician, gynecologist, and dentist will ensure that you are in good health before you leave and might prevent emergencies abroad. Get needed immunizations and hepatitis protection, if appropriate. Update your health records, including eyeglass prescriptions and regular medications. If you are on prescription medication, check to be sure it is available in your host country as prescribed or, if not, carry a supply with you. If you self-inject prescribed medication, you may need to carry needles and syringes with you. You'll need a physician's prescription for medication and medical supplies to pass through foreign customs. Take copies of all medical records, prescriptions in generic form, and pertinent information; carry these with you in a safe place. If you expect to need regular medical care abroad, take along a letter of introduction from your physician at home, providing details of your medical conditions, care, and specific needs".

The International Student Identity Card will provide you with the **ISIC Traveler's Hotline** if the need for medical assistance arises. Be sure to carry this number on you and have copy of it in your luggage. The Hotline will always be able to help you find an English-speaking doctor. England, Scandinavia, and Holland all have public health clinics where you can be treated for a very minimal charge.

Check health advisories. "Find out about immunization requirements and recommendations for your host country and check on any regional health or medical advisories. In particular, if you have special health needs, check on any particular condition that may apply to your travel overseas. Remember to ask questions such as:

- What illnesses, if any, are specific or endemic to the region?
- What medications should you take to prevent this illness?
- What precautions are recommended for sexual or health practices?
- What are the customs, beliefs, and laws in the host country concerning sexual behavior and the use of alcohol and drugs?
- What is the quality of water in the host country?
- What are the laws governing import of medications, medical supplies, and contraceptives?

This information can be found in several places including:

- Family physician
- Campus health clinic
- Local Public Health Department
- Centers for Disease Control & Prevention (404) 332-4559, <http://www.cdc.gov>
- State Department Overseas Citizens Emergency Center (202) 647-5225.

Travelers with disabilities can get more information from Mobility International (503) 343-1284."

Alcohol and drugs. Many countries have a different attitude about the consumption of alcohol and the legal drinking age than the U.S. Most countries allow persons over the age of 15 or 16 to drink alcohol, and it is common to find beer or wine served with meals. However, you will find that being drunk is not usually socially acceptable, and is sometimes illegal. Drunk driving, besides the obvious dangers, carries heavy penalties. More than 1000 Americans are arrested and held on drug charges abroad every year. Americans caught with drugs overseas are subject to local laws. A number of countries have imposed significantly stiffer penalties for drug violations and stricter enforcement of drug laws than in the U.S. If you are arrested the U.S. Embassy can do little more for you than recommend a lawyer.

Health and Emergency Agreement:

I certify that I am in good physical and mental health and that I do not have any special mental or physical condition, which would prevent me from successfully taking part in a study abroad program. I agree to notify my program coordinator of any conditions which may affect my participation in a study abroad program.

In the event that I need emergency care, hospitalization, or surgery while participating in the program, I authorize Ferris State University, or the sponsoring institution through its representatives, to secure any necessary treatment. If coverage is not provided through my insurance policy, I understand that such treatment shall be solely at my expense, and I shall reimburse Ferris State University, or the sponsoring institution and its representatives for any expenses, which they might incur on account of my condition or treatment. In the event of any emergency abroad, Ferris State University may notify my above-listed emergency contact.

I certify that the above statements are true and accurate, and I will notify FSU's study-abroad staff member hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant _____ Date _____

ASSUMPTION OF RISK AND RELEASE FOR OFF-CAMPUS ACTIVITIES

I, the undersigned, have been accepted to participate in a study abroad program sponsored by Ferris State University or by an FSU approved program sponsored by another institution. I accept my participation in this program and understand that I am accountable for all program fees. I acknowledge that an official hold may be placed on my records until all financial responsibilities are fulfilled. I acknowledge that I am responsible for my personal conduct and that I can be dismissed from the program for violation of program rules.

SELECTION. Selection of participants for non-FSU programs will be made by the Office of International Education and the program sponsor. Off-campus experiences can be demanding and the selection may be competitive. Factors influencing selection are: the number available places at a given program site, the applicant's prior academic and conduct record, language skills, evidence of motivation, ability to represent FSU, and evidence of maturity and independence. Participation may be denied to an applicant whose conduct prior to departure raises doubts that he or she should be allowed to participate in an international experience.

Whenever possible, the study-abroad program will try to accommodate special needs. In some cases, however, this is not possible. The safety of our students will take priority over all other considerations in the selection of students, site selection, and housing arrangements.

The Office of International Education reserves the right to withdraw an offer of acceptance to any student who voluntarily or involuntarily leaves FSU or is found to have falsified the application.

CANCELLATION. I understand that I will be held accountable for the entire cost of the program. In the event that I notify the Office of International Education in writing of my intent to cancel my participation or withdraw for reasons beyond my control, I will remain responsible for all program costs incurred on my behalf.

CHANGES TO ITINERARY. I understand that the University reserves the right to make changes to the program itinerary at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change. The University is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary charges regardless of whether the participant or the University makes a flight arrangement. Any additional expense resulting from the above will be paid by the participant. The University reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the University.

LOSS OR DELAY. I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, public health risks, criminal activity, terrorism, expenses, accidents, injuries, or damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carrier beyond the University's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors, I am required to spend additional nights, the University will not be responsible for my hotel, transfers, meal cost or other expenses. My baggage and personal property is transported at my risk entirely.

ORIENTATION FORMS. Applicants participating in the study abroad program agree to attend all preparation meetings and/or courses as established by FSU. Preparation may include, but is not limited to pre-departure coursework; orientation meetings, and information sessions. Failure to participate in the required pre-departure preparation can result in the dismissal from the program and forfeiture of all program fees. I also understand and agree that I will turn in all completed and signed materials, forms and payments by the due date specified, and that failure to do so by the date indicated may result in my removal from the program.

PERSONAL CONDUCT. Ferris State University, through its official representatives, including, but not limited to, a Program Director, has the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time. The illegal use of drugs and/or alcohol during the entire period of the program, including free time, is strictly prohibited. Should an official representative of FSU decide that a participant must be dismissed from the program because of violation of any stated rules, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, that decision will be final. *Dismissal from the program will result in the loss of all academic credit for the program. Persons dismissed from the program will remain responsible for all program costs incurred on their behalf and any additional costs resulting from their dismissal and early departure. They may also be referred to the appropriate University officials for disciplinary or other action.*

LOCAL LAWS AND CUSTOMS. I agree to respect and adhere to the laws and customs of the host country or countries and understand that the intentional violation or disrespect for those laws and customs may result in my dismissal from the program as defined above. Furthermore, I acknowledge that the violation of such laws and customs may have legal ramifications with consequences beyond the control of the FSU representatives and the U.S. Government.

RESPONSIBILITY DURING FREE TIME. I understand that during free time within the period of the program and after the period of the program, I may elect to travel independently at my own risk and expense. I agree to inform an official representative of FSU or other institutional sponsor approved by FSU of my travel plans and understand that neither FSU nor its official representative are responsible for me while I am traveling independently during such free time.

THEFT AND OTHER CRIMES. I agree to release FSU and its official representatives from any liability for damage to or loss of my possessions, injury, illness, or death arising out of intentional acts of third parties during the period of the program.

POLITICAL UNREST/DANGER. I recognize that in cases of political unrest, an official representative of FSU or other institutional sponsor approved by FSU will take reasonable measures for the protection or program participants. I understand that FSU and its official representatives assume no responsibility for damage to or loss of property, injury or death arising out of political unrest. I further understand that the right is reserved by FSU, or by an approved FSU program, in its sole discretion, to cancel the program or any aspect thereof prior to departure, requiring that all participants return to the United States, if the University determines or believes that any person is or will be in danger if the program or any aspect thereof is continued.

TRAVEL. I understand that I will be traveling during the program by various modes of transportation including but not limited to airplane, train, bus or van, and I release FSU and its official representatives from any responsibility for loss of property, injury or death during such travel.

COURSES. I acknowledge that I am responsible for complying with procedures established by FSU and the Office of International Education, regarding obtaining course equivalencies, and study-abroad course registration. I also understand and acknowledge that I am responsible for complying with all academic policies and procedures, and that I will enroll in at least 12 credits for a semester program (unless the particular program requires more) or the minimum number of credits specified for my short term program.

WITHDRAWAL. I understand that I am solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal or dismissal from the program prior to its completion, including withdrawal or dismissal caused by illness or disciplinary action by a representative(s) of Ferris State University, or a representative of an FSU approved program. Costs incurred on my behalf include but are not limited to monies on my behalf for non-refundable fees or deposits at other institutions, airfare, legal documents, visa and application fees, housing deposits, etc.

I understand and agree that if I withdraw, depart or am dismissed from a program prior to its formal completion, I will not be eligible for any academic credits. Should I receive permission to return home early, I may be eligible to receive a grade of "W" on my FSU academic transcript.

HEALTH INSURANCE. I hereby represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the countries in which I will be living and/or traveling while in the program. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States; and I absolve the University of all responsibility and liability for any injuries, illnesses, claims, damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to University Center for Extended Learning any physical or mental condition I have which may require special medical attention or accommodation during the program at least 90 days prior to departure.

GENERAL RELEASE AND WAIVER. In consideration of participating in the study abroad program offered through Ferris State University or other institutional sponsor approved by FSU, I the undersigned, in full recognition and appreciation of the dangers and hazards inherent in traveling and to which I may be exposed during my enrollment and/or participation in this activity/program, do hereby agree to assume all the risks and responsibilities surrounding my participation in study abroad or any independent activities undertaken as an adjunct thereto; and, further, I do for myself, my heirs, successors, assigns and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge the University, all its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of Ferris State University, its officer, agents or employees, during the period of my participation as aforesaid. Furthermore, I hereby agree to indemnify, defend, and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacity) from any and all liability, losses, damages, judgments, or expenses, including attorney fees, that they or any of them include or sustain as a result of any claims, demands, actions, or causes of action that arise out of, occur during, or are in any way connected to my participation in the program and/or any travel incidental thereto.

I agree that this agreement is to be construed under the laws of the State of Michigan, USA; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Release of Name, Address, and Number

May the Office of International Education provide your name, address, and telephone number to current and future study abroad participants and applicants? ____yes ____no

I have read this release, thoroughly understand it, and have asked questions if I did not understand it. My signature below indicates my complete and willful consent.

Signature of Participant

Date

Name (Please Print)

Date of Birth

Program Name

Semester(s) of Participation

If you are under eighteen please have your parent/guardian sign below:

As the parent or legal guardian of the participant whose signature appears above, I have read and understand the conditions outlined above, have given my child or ward permission to participate in the program, and agree to be bound by the conditions outlined above as if I myself had signed above.

Signature of Parent/Legal Guardian

Date

FERRIS STATE UNIVERSITY

Study Abroad Participant Medical History

It is the aim of Ferris State University to have each participant enjoy as complete an experience as is possible within his/her capabilities. Your medical history will provide the essential information needed to meet that goal. The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the participant may safely participate in those activities. The information will also be used in the event of any participant injuries. Please do not leave out any information that may affect your experience! **NOTE: FERRIS STATE UNIVERSITY RESERVES THE RIGHT TO DETERMINE THE EXTENT OF PARTICIPATION OF EACH PARTICIPANT IN ALL ACTIVITIES CONDUCTED BY THE UNIVERSITY.**

PARTICIPANT FIRST, MIDDLE NAME	LAST NAME	
HOME STREET ADDRESS	AGE	BIRTHDATE
HOME CITY, STATE, ZIP	DAYTIME TELEPHONE ()	HOME TELEPHONE ()

IN CASE OF EMERGENCY CONTACT (Available 24 hours)

LAST NAME, FIRST, MIDDLE	RELATIONSHIP	TELEPHONE ()
HOME STREET ADDRESS	ADDITIONAL ADDRESS	
HOME CITY, STATE, ZIP	CITY, STATE, ZIP	ADDITIONAL TELEPHONE ()

FAMILY HISTORY

Please list here any close relatives who have had the following illnesses.

	YES	NO	RELATIONSHIP		YES	NO	RELATIONSHIP
Asthma/Hay fever				Kidney disease			
Arthritis				Stomach disease			
Diabetes				Tuberculosis			
Epilepsy/convulsions				Heart disease			

PERSONAL HISTORY

Check box beside those medical problems participant has had or now has.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Measles (Rubella) | <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney, bladder problems | <input type="checkbox"/> Ankle sprains & Knee injuries |
| <input type="checkbox"/> Rubella (3-day measles) | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Mild Mild |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Tension or depression | <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Severe Severe |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Palpitations | |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Head Injury | <input type="checkbox"/> High blood pressure | |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Hay fever, asthma | <input type="checkbox"/> Heart problem or murmur | FEMALES ONLY: |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Irregular periods |
| <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Jaundice, liver disease | <input type="checkbox"/> Back problems | <input type="checkbox"/> Severe cramps |
| <input type="checkbox"/> Throat problems | <input type="checkbox"/> Stomach, intestinal trouble | <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Excessive flow |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Fainting | <input type="checkbox"/> Gall bladder trouble | |
| <input type="checkbox"/> Joint problems | <input type="checkbox"/> Allergies to drugs, food | <input type="checkbox"/> Neurological disorder | |
| <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pneumonia | |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Seizure disorder/Epilepsy | <input type="checkbox"/> Other _____ | |

Please list here any HOSPITALIZATION or OUT-PATIENT SURGERY participant has had within the past five years.

Name of Hospital	City & State	Date	Type of illness or operation	Outcome

USE ADDITIONAL SHEET IF NECESSARY

Please comment in detail in the space below on any medical condition checked with an "X" in Personal History.

List any medications participant is receiving regularly (medications that are required by participants should accompany them on program).

List any other health or personal concerns that Ferris State University should be aware of in regard to the participant.

Does participant have any health problem that requires periodic evaluation or testing **Yes** **No** **(Give details)**

List drugs or food which participant is allergic to:

Date of last tetanus injection.

Date of last physical exam.

**I Declare that My Answers and Statements Are Correctly Recorded, Complete and True
to the Best of My Knowledge and Belief.**

DATE	SIGNATURE OF PARTICIPANT
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**ASSUMPTION OF RISK AND RELEASE FORM FOR STUDENT ABROAD PROGRAMS
FERRIS STATE UNIVERSITY**

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING

**IF THE STUDENT IS LESS THAN 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST ALSO
READ AND SIGN THIS RELEASE FORM**

This is a legally binding Assumption of Risk and Release Form for Student Abroad Programs (referred to as the “Release Form”) executed by _____, (referred to as the “Student”) whose date of birth is _____, and whose address is _____, to Ferris State University, 410 Oak Street, Big Rapids, Michigan 49307 (referred to as the “University”). The Student is participating in the _____ Study Abroad Program (referred to as the “Program”).

1. **Risks of Study Abroad.** I understand that participation in the Ferris State University Study Abroad Program specified above involves risks not found in study at the University. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local medical and weather conditions. I have made my own investigation and am willing to accept these risks.
2. **Institutional Arrangements.** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.
3. **Independent Activity.** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.
4. **Health and Safety.**
 - A. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in this Program.
 - B. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the United States during the Program, the University is not responsible for the cost or quality of such treatment or care.
 - C. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any actions.
5. **Program Changes.** The University has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the University’s fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.

6. **Assumption of Risk and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Program. I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the Ferris State University Board of Trustees, Ferris State University, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statements, have been made. This agreement shall become effective only upon receipt of my application by the Ferris State University at its offices in Michigan and shall be governed by the laws of the state of Michigan, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

X _____
Signature of Student _____ Date _____

IF THE STUDENT IS LESS THAN 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST ALSO READ AND SIGN THIS RELEASE FORM

CAUTION: READ BEFORE SIGNING

I (A) am the parent or legal guardian of the above Student (B) have read the foregoing Release (including such parts as may subject me to personal financial responsibility), (C) am and will be legally responsible for the obligations and acts of the Student as described in the Release Form, and (D) agree, for myself, for the Student, for Student's family, estate, heirs, administrator(s), personal representative(s), or assigns, if Student is deceased, to be bound by its terms.

PARENT(S) OR GUARDIAN(S)
Signature: _____
Relationship to Student: _____
Printed Name: _____
Date: _____

PARENT(S) OR GUARDIAN(S)
Signature: _____
Relationship to Student: _____
Printed Name: _____
Date: _____

